

**VA Tennessee Valley Healthcare System
Alvin C. York VA Medical Center**



**Advanced Fellowship in Inter-professional
Mental Health:**

Geropsychology, Health Psychology or SMI Focus



POSTDOCTORAL FELLOWSHIP SETTING

Founded in the middle of the last century, the VA Medical Centers in Nashville, Tennessee and in Murfreesboro, Tennessee (Alvin C. York VA Medical Center) were administratively separate institutions for many years. Historically, the medical center in Murfreesboro was a large, long-term psychiatric hospital. In the 1980s an affiliation was established with Meharry Medical School and the center's medical and surgical facilities were extensively upgraded. The Nashville VA Medical Center is adjacent to and has had a long-standing affiliation with Vanderbilt University Medical Center. The Nashville VA Medical Center trained psychology interns as a part of a VA-Vanderbilt Consortium since 1980 and Alvin C. York VA Medical Center since 1994. The Consortium dissolved in 2018 and currently, both sites operate independent internship programs.

The two medical centers merged administratively into the VA Tennessee Valley Healthcare System in the late 1990s. TVHS consists of two campuses, the Alvin C. York Campus and the Nashville Campus, as well as eighteen associated facilities, which provide services closer to Veterans who live at a distance from the campuses.

When the merger was first contemplated, the Psychology Services at both medical centers began working to integrate their training programs, eventually merging into one and funding six intern positions, with a single Training Committee coordinating the training program. In addition to internship, the training program has offered psychology practicum training to students from Vanderbilt University and Tennessee State University. The Postdoctoral Fellowship is in its ninth year and has grown from one fellow during the first two years to currently training three fellows per year.

Over the last several years TVHS has hired a significant number of new psychologists and initiated new mental health programs.

There are currently over 50 licensed clinical psychologists working between the two main campuses. Clinical services are provided in outpatient, inpatient, long-term care, and off-site settings. Veterans are seen by Psychology for a variety of mental health and physical diagnoses. TVHS has a strong tradition of providing mental health care to Veterans.

PROGRAM LEADERSHIP:

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PROGRAM WEBSITE:

<https://www.tennesseevalley.va.gov/careers/PsychologyTraining.asp>

APPLICATIONS DUE: JANUARY 1, 2022

ACCREDITATION STATUS:

The VA Tennessee Valley Healthcare System Postdoctoral Fellowship in Clinical Psychology is accredited as by the Commission on Accreditation of the American Psychological Association. The next site visit will be in 2023.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation American Psychological Association

750 1st Street NE
Washington, D.C. 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org
www.apa.org/ed/accreditation

ADMINISTRATIVE POLICIES AND PROCEDURES

The fellowship is full-time for a year beginning August 1, 2022 and ending July 28, 2023. However, we recognize that internships have a variety of ending dates which do not always coincide with ours, and we are flexible about the fellowship start date to accommodate later internship end dates. Fellows are required to complete 2080 hours of employment within the training year, and 500 of those will be direct clinical hours. Fellows will be supervised throughout the year on their clinical work. Some fellows elect to work more than 40 hours; however, if a fellow's supervisor is not available, the fellow may not engage in any clinical activities.

The stipend for the program is \$46,334 for the year, paid biweekly. VA trainee stipends are determined nationally and are locally adjusted based on cost-of-living differences across geographical areas. Benefits include 13 vacation days, 13 sick days, 11 federal holidays as well as any unplanned federal holidays (e.g., days of mourning), up to 5 days of approved educational or professional leave, and the ability to purchase group health insurance. Malpractice coverage is provided under the Federal Tort Claims Act. Fellows can utilize their professional leave (i.e., Authorized Absence) for workshops and presentations with advanced supervisory approval; fellows can apply for travel assistance money through the TVHS Education Department for these presentations.

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Fellows are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens. In addition, VA conducts drug screening exams on randomly selected personnel as well as new employees. Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Formal complaint/grievance procedures are included in the postdoctoral fellow handbook which is provided at the beginning of the training year.

Application & Selection Procedures

APPOINTMENTS:

- There are 3 postdoctoral fellowship positions. The training year will begin on August 1, 2022 and end on July 28, 2023. The exact start date can be negotiated, to accommodate later internship end dates. A full year of training is required for successful completion.

ELIGIBILITY REQUIREMENTS:

- Completion of an APA-accredited doctoral program in Clinical or Counseling Psychology (including dissertation defense) prior to the start date of the postdoctoral fellowship program. In some cases, a trainee may provide a letter from their doctoral program indicating that all requirements for graduation have been met in order to fulfill this requirement.
- Completion of an APA-accredited Psychology Internship Program.
- United States citizenship.
- A male applicant born after 12/31/1959 must have registered for the draft by the age of 26 to be eligible for any US government employment.
- Training, experiences, and professional interests that reflect a commitment to the clinical application of psychology and the goals of the postdoctoral fellowship program.

APPLICATION REQUIREMENTS:

- Cover letter describing your experiences working with interprofessional teams and your career goals and detailing how the Clinical Psychology Postdoctoral Fellowship at the Alvin C. York VAMC will help you achieve those goals. Interest in a particular emphasis area should also be included in this letter.
- Updated Curriculum Vita.
- Three letters of recommendation from psychologists. Applicants who are currently on internship should include an additional letter from their Director of Internship Training verifying their standing in the internship program and the expected date of completion.
- Copies of graduate transcripts.

APPLICATION SUBMISSION PROCEDURE:

- All application materials should be submitted through the APPA CAS online portal.
- Letters of recommendation should be submitted through the APPA CAS system as well.

RECRUITMENT/SELECTION PROCEDURES:

Review of applications will begin immediately following the January 1, 2022 deadline. All applications will be reviewed by at least three members of the postdoctoral training committee using an application review form. Based on application review scores, invitations for interviews will be extended to selected applicants. Interviews will be conducted virtually via video conference using Microsoft Teams. Interviews will last for approximately 1 hour and will include faculty from the Postdoctoral Training Committee and current fellows, as available. The final evaluation of applications and supporting documents will take place when interviews have been completed. We plan to follow the guidelines suggested by APPIC; we will begin making offers on their suggested notification date and are willing to make reciprocal offers prior to that date if a top applicant notifies us of a competing offer from another program prior to that date (<http://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines>).

Prior to beginning the postdoctoral fellowship year, it will be necessary for the selected trainee to complete an Optional Application for Federal Employment (OF 612) and a Declaration for Federal Employment (OF 306). During the training year, postdoctoral fellows are responsible for adhering to the policies and procedures of the Psychology Training Program and the Psychology Section. Also, many of the laws, rules, and guidelines that apply to federal employees are also applicable to trainees in federal training positions. A copy of the policies and procedures of this training program, including grievance procedures, will be made available to

fellowship applicants at the time of their interview and is provided to each trainee during orientation at the beginning of the training year.

TRAINING MODEL AND PROGRAM PHILOSOPHY

The mission of this postdoctoral fellowship program is to offer advanced training in clinical psychology as it relates to providing care in interprofessional settings and within interprofessional teams. Fellows will offer clinical services in a variety of settings, with the focus of those settings being somewhat flexible to meet the training needs and goals of the fellow. Throughout the training year, fellows will provide clinical care as part of multiple interprofessional teams. The interprofessional team setting will be of upmost importance, with educational and program evaluation activities focused on such. Psychology fellows will be highly integrated with Pharmacy and Psychiatry trainees throughout the training year. All fellows will spend at least 30% of their time within the training Behavioral Health Interprofessional Program (tBHIP), an outpatient mental health setting, in which fellows work alongside Psychiatry and Pharmacy residents, conducting clinical interviews, assessment, and psychotherapy. Clinical intakes are shared medical appointments with Psychiatry and Pharmacy, allowing experiences delivering interprofessional care. Veterans referred include those at risk for polypharmacy, other adults requiring more focused and integrated care, those who have experienced multiple acute psychiatric hospital admissions, and persons with primary diagnoses of dementia, depression, and insomnia. If the fellow has a particular interest in a certain type of psychotherapy or patient population, efforts will be made to funnel veterans meeting those interests to the fellow. Through the tBHIP experience, fellows will also be afforded explicit training in supervision, while participating in tiered supervision with practicum students and/or interns.

Emphasis Areas: Fellows may follow a Generalist course or may choose one of three emphasis areas: Health Psychology, Serious Mental Illness (SMI), or Geropsychology. Fellows completing training in one of the three emphasis areas will spend approximately 40% of their time in rotations directly related to the emphasis area. In Health Psychology, rotations may include Pain Psychology, Health Promotion/Disease Prevention, and Primary Care-Mental Health Integration. Rotations may include the Veterans Recovery Center and Acute Psychiatric Unit for those choosing an SMI emphasis, and Fellows electing a Geropsychology emphasis may rotate through the Community Living Centers and the Geriatric Evaluation Clinic.

Our model of professional training is best described as practitioner-scientist. This model simultaneously encourages scholarly inquiry to inform clinical practice, and for clinical practice to shape future research questions. Fellows will be required to participate in a research and/or program evaluation project during the training year typically related to the functioning of the interprofessional teams and/or patient outcomes associated with team-based care. This project is aimed to support the practitioner-scientist training philosophy.

SUPERVISED CLINICAL EXPERIENCE

The program focuses on education and training via supervised clinical experience, placing a priority on training above generation of clinical workload. Fellows will receive clinical supervision directly through the Psychology section, with a focus on improving upon their Clinical Psychology skills. Fellows will also receive education/supervision as part of their interprofessional teams and possibly by other professionals, including Pharmacists and Psychiatrists. Throughout the training year, time will be devoted to learning about interprofessional team development, team processes, and reflecting upon the functioning of the interprofessional team.

Fellows will be provided with adequate clinical experiences and supervision to allow for eligibility for licensure. At a minimum, Fellows will receive two (2) hours of individual, face-to-face supervision per week. Other training activities will include weekly didactic presentations, case conferences, and interprofessional treatment team meetings. Fellows will also participate in supervised supervision of lower-level trainees (i.e., interns and/or practicum students) on select rotations, including but not limited to the tBHIP.

SUPERVISION AND TEACHING

Through the tBHIP experience, fellows will also be afforded explicit training in supervision, while participating in tiered supervision with practicum students from Vanderbilt University and/or Tennessee State University and/or interns through the TVHS Psychology Internship Program. Fellows will also be involved in clinical education through supervision and direct educational presentations to trainees and staff in other disciplines, such as Psychiatry, Pharmacy, Nursing, etc. Additionally, fellows will lead a weekly Practicum Didactics series throughout the year. Other training opportunities will be made available to fellows (as listed below).

PROGRAM GOALS AND OBJECTIVES

1. All successful Fellows will demonstrate a level of skill sufficient to meet the criterion "ready for independent practice" in the core professional skills of intervention, assessment, and consultation, as determined by supervisor ratings. Readiness "for independent practice" is defined as meeting the standard of 50% of competencies rated as "Ready for autonomous practice/very high competence" on all final supervisor evaluations, which is equivalent to a clinician practicing independently with advanced training who could serve as a consultant to other clinicians. It is judged that 50% of a Fellow's ratings must meet this highest standard, as they are receiving advanced training; 50% of the ratings can be at the next highest level ("needs occasional consultation/high competence") given that any given Fellow is not expected to have skills and understanding significantly beyond developmental level in every area. The rating of "needs occasional consultation/high competence" is equivalent to a clinician who can practice independently but may require consultation for more complex cases.
2. All Fellows will receive didactic training in supervision, as well as supervised supervision experiences. Successful Fellows should be able to provide supervision with no more than occasional supervision.
3. All Fellows will receive experience in Research and/or Program Evaluation. Fellows are required to complete a scholarly work based on this experience.
4. All successful Fellows will demonstrate a thorough knowledge and application in practice sufficient to indicate readiness for independent practice at the entry level in the following areas: professional ethics, the relationship between science and practice in psychology, and issues of human diversity as they relate to science and practice in psychology.
5. In addition, the Postdoctoral Fellowship Training Program will endeavor to:
 - a. Promote the development of sound clinical judgment.
 - b. Train Fellows to function effectively in an interdisciplinary professional environment.
 - c. Teach responsible patient management.
 - d. Assist Fellows in gaining the professional competence and self-confidence to function as autonomous professionals after completion of the Fellowship.
 - e. Promote self-awareness and self-management to enhance effectiveness in the practice of psychology.

TRAINING COMPETENCIES

Fellows are trained and evaluated in the following general competency areas. Fellows will receive formal, written performance evaluations at the midpoint and conclusion of their major rotations and at the end of each minor rotation by all psychologists supervising a significant portion of the fellow's clinical work.

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- I. General Professional Competency:
 - Knowledge and application of ethical principles.
 - Productive use of supervision and consultation.
 - Professional and appropriate interaction with treatment teams, peers, and supervisors.
 - Responsible performance of key patient care tasks.
 - Management of personal and professional stressors such that professional functioning is maintained.
 - Maintenance of good rapport with patients.
 - Sensitivity to cultural and individual differences.
 - Ability to engage in scholarly inquiry in carrying out rotation duties.
 - II. Competency in Psychological Assessment:
 - Knowledge and skills in clinical interviewing and contingency planning.
 - Knowledge and skills in test selection and administration.
 - Knowledge and skills in clinical interpretation of interview and test data.
 - Ability to diagnose mental disorders autonomously.
 - Ability to communicate assessment findings and recommendations in written format.
 - III. Competency in Psychotherapeutic Interventions:
 - Ability to build therapeutic rapport with patients and maintain appropriate professional boundaries.
 - Ability to conceptualize cases that draw upon theoretical and research knowledge.
 - Ability to develop appropriate therapeutic and treatment goals and safety plans in collaboration with patients.
 - Ability to present interventions that are well-timed, effective, and consistent with empirically supported treatments.
 - Ability to appropriately cope with group therapy challenges.
 - IV. Competency in Psychological Consultation:
 - Ability to appropriately engage in interprofessional or interdisciplinary interactions, manage conflict, and formulate integrated plans to meet patient needs.
 - Knowledge and ability to formulate appropriate assessment or intervention strategies to address consultation requests.
 - Ability to effectively communicate with non-psychologists about psychological concepts.
 - V. Competency in Working in Interprofessional Teams:
 - Ability to provide assessment and intervention services collaboratively with other disciplines.
 - Ability to effectively contribute to shared decision making and shared clinical responsibility in interprofessional teams.
 - Ability to formulate collaborative treatment plans with other healthcare professionals.
 - Ability to collaboratively work with other healthcare professionals to provide staff education and quality improvement/program evaluation/research.
 - Ability to effectively manage conflict.

- VI. Competency in Program Evaluation/Research:
 - Ability to carry out effective program evaluations/research.
- VII. Competency in the Provision of Supervision:
 - Ability to provide appropriate feedback and guidance related to clinical services to supervisees.
 - Ability to provide a safe atmosphere for the provision of supervision.
 - Ability to provide constructive feedback to supervisees.
 - Ability to effectively manage resistance in the supervisory relationship.
 - Ability to effectively manage ethical and boundary issues within the supervisory relationship.
 - Knowledge of cultural and individual diversity within the supervisory relationship and ability to sensitively address any issues related to diversity.

PROGRAM STRUCTURE AND REQUIREMENTS FOR COMPLETION

The fellowship year consists of a minimum of 2080 hours of employment, 500 of which consist of direct clinical care. Fellows will be supervised throughout the year on their clinical work, and this will satisfy the postdoctoral supervision requirements of the Tennessee State Board of Examiners in Psychology as well as most other state licensing boards. Upon successful completion of the yearlong fellowship, all fellows receive a certificate that indicates they have completed a postdoctoral fellowship in clinical psychology.

The fellows will have opportunities to be involved in a Behavioral Health Interdisciplinary Program (BHIP) clinic throughout the year as a longitudinal experience. The BHIP will allow fellows opportunities to hone psychotherapy skills (including Evidence-Based Psychotherapy) and will include experience providing telehealth services to rural Veterans. Fellows will provide approximately 1.5 days of service in these clinics per week. The fellows will then be able to choose other clinical experiences throughout the year which can be time limited (i.e., 4 months) or longitudinal based on clinical needs and goals. As described above, these other clinical experiences may be tailored to a particular emphasis area, depending on the fellow's training goals.

GENERAL REQUIREMENTS FOR COMPLETION

- Successful completion of the full year of training, consisting of a minimum of 2,080 employment hours to be completed in no less than one calendar year (including earned sick and annual leave and federal holidays), 500 of which consist of direct clinical contact.
- The fellow must complete the rotation requirements for each rotation selected for the training year.
- The fellow must complete the didactic requirements as specified in their training plan created at the beginning of the training year. This will indicate how many educational activities the fellow must attend and how many educational presentations must be developed/given during the training year.

At the end of the training year and once all requirements are successfully completed, the fellow will be provided with a certificate of completion stating that they have successfully completed a full year of supervised postdoctoral training in clinical psychology.

TRAINING EXPERIENCES

TRAINING SETTINGS AND ROTATIONS

The TVHS Psychology Postdoctoral Fellowship program receives funding through the Interprofessional

Mental Health Education initiative. Fellows may follow a Generalist course or may choose one of three emphasis areas: Health Psychology, Serious Mental Illness (SMI), or Geropsychology. Fellows completing training in one of the three emphasis areas will spend approximately 40% of their time in rotations directly related to the emphasis area. In Health Psychology, rotations may include Pain Psychology, Health Promotion/Disease Prevention, and Primary Care-Mental Health Integration. Rotations may include the Veterans Recovery Center and Acute Psychiatric Unit for those choosing an SMI emphasis, and Fellows electing a Geropsychology emphasis may rotate through the Community Living Centers and the Geriatric Evaluation Clinic.

All fellows will spend at least 30% of their time within the training Behavioral Health Interprofessional Program (tBHIP), an outpatient mental health setting, in which fellows work alongside Psychiatry and Pharmacy residents, conducting clinical interviews, assessment, and psychotherapy. Clinical intakes are shared medical appointments with Psychiatry and Pharmacy, allowing experiences delivering interprofessional care. Veterans referred include those at risk for polypharmacy, other adults requiring more focused and integrated care, those who have experienced multiple acute psychiatric hospital admissions, and persons with primary diagnoses of dementia, depression, and insomnia. If the fellow has a particular interest in a certain type of psychotherapy or patient population, efforts will be made to funnel veterans meeting those interests to the fellow. Through the tBHIP experience, fellows will also be afforded explicit training in supervision, while participating in tiered supervision with practicum students and/or interns.

In addition, all fellows will have the opportunity to participate in assessment clinics based on specialty interests (e.g., Geriatric Evaluation Clinic and Pain Clinic assessments). These clinical experiences are assigned based on emphasis area, or in the case of general track, based on a rank order submitted by the fellow, with consideration of prior training experiences. By providing care in these secondary sites, the fellow will be able to focus on continuity of care for the Veterans they serve. Recovery principles will be emphasized in clinical work with Veterans. Each of these settings employ some level of interprofessional care, and the fellow will be tasked with expanding and improving these programs with regular team communication and collaboration, team meetings, joint assessments of Veterans, and integrated treatment approaches. Administrative time is allocated in the schedule to allow for research, didactics, and supervision.

In a typical week, fellows will spend approximately 12 hours per week in their longitudinal BHIP rotation and 16-20 hours per week in other clinical experiences, with the remainder of their time devoted to supervision, didactics, administrative tasks (e.g., case management, documentation, etc.), administrative projects, and research/quality improvement project.

POSSIBLE ROTATION SCHEDULE

	August – January	February – July
Example 1	Longitudinal: BHIP	
	Geropsychology Emphasis: CLCs and Geri Eval Clinic	
Example 2	Longitudinal: BHIP	
	SMI Emphasis: Acute	SMI Emphasis: VRC
Example 3	Longitudinal: BHIP	
	Health: Pain	Health: PCMHI

Example 4	Longitudinal: BHIP	
	General: Geropsychology	General: PCMH

ROTATION DESCRIPTIONS

Behavioral Health Interdisciplinary Program (BHIP) clinic – longitudinal experience

12 hours/week

The BHIP clinic provides general psychiatric services to Veterans with a myriad of psychiatric diagnoses. Traditionally, Psychiatrists (including residents) and Nurse Practitioners have been the primary providers in the general mental health clinics. The addition of the Interprofessional Education Initiative allows for Psychology and Pharmacy trainees to enter this clinic and provide services to those Veterans most likely to benefit from interprofessional care. Telemental health services will also be provided through the BHIP clinic, reaching Veterans in more rural areas. The Fellow will perform diagnostic interviews on a rotating basis with the psychiatry and pharmacy residents and maintain a diverse caseload of individual psychotherapy cases.

Faculty: Melissa Broome, Ph.D., Charles Hees, Ph.D., Jennifer Moore, Ph.D., and Angela White-Rahmon, Ph.D.

Geriatric Evaluation Clinic – possible longitudinal experience for those with gero interest

The Geriatric Evaluation Clinic focuses on providing interprofessional evaluation services for older Veterans and their families. The clinic focuses on the unique needs of the older Veteran population. This clinic will allow for opportunities brief assessment services, and the provision of services to family members through the REACH VA program. Providers in this clinic will include Psychologists, Neuropsychologists, Geropsychiatrists, Pharmacists, Nurses, and Social Workers. This rotation is required for those in the Geropsychology emphasis area, and available to other fellows based on interest.

Faculty: Natalie Heidelberg, Ph.D., ABPP, Elizabeth Maloney, Ph.D., and Teresa Young, Ph.D.

Pain Psychology

On the pain psychology rotation, fellows will utilize a biopsychosocial approach to offer brief, and evidence based behavioral health interventions and assessment services for Veterans with chronic pain. In addition to traditional diagnostic intake interviews, fellows will complete psychological evaluations with interview, record review, personality, substance, and functional assessment for Veterans considering implantable pain management devices (e.g. neurostimulator, intrathecal medication pump). Clinical experiences will also include facilitating group and individual interventions that increase self-management of pain related behaviors. Fellows will learn the CBT for Chronic Pain protocol integrating MBSR, ACT, and MI skills where indicated. Other offerings could include adjunct interventions such as the CBT for Insomnia protocol or biofeedback when appropriate. Group opportunities include an integrative MBSR / ACT group and / or a movement for pain group utilizing chair yoga, Qi Gong, and Tai Chi. Fellows are expected to function as a member of the interdisciplinary Pain Clinic team, answering referrals, participating in multidisciplinary appointments, providing formal and informal consultation, and attending weekly staff meetings. This rotation can be selected as part of the Health Psychology emphasis area or for general track fellows.

Faculty: Dan Broderick, Ph.D.

Community Living Centers (CLCs)

The community living center (CLC) offers interdisciplinary care for Veterans requiring medical rehabilitative services, as well as long-term care. Specialized units provide long-term skilled nursing care for patients with

dementia and/or severe mental illness. Fellows will complete diagnostic interviews, brief cognitive assessments, capacity assessments, individual and group therapy, and assist in the development of behavior management plans with Veterans. There also may be opportunities available to work with family members or develop a group. Fellows may also be involved with staff education activities. Fellows may also be asked to participate in didactic training, such as engaging in a geropsychology journal club or providing a professional presentation to Geriatrics and Extended Care Staff on a topic relevant to their interests in Geropsychology. This rotation is required for the Geropsychology emphasis area, and an optional rotation for the Health Psychology emphasis area or general track fellows.

Faculty: Natalie Heidelberg, Ph.D., ABPP, Elizabeth Maloney, Ph.D., and Teresa Young, Ph.D.

Acute Psychiatry Units

The Inpatient Rotation involves working on a 30-bed acute unit and a 30-bed sub-acute unit. The Veteran population is 90+% male and ranges in age from 18 – 85. In addition to psychiatric admissions the acute unit also functions as the detoxification unit for the Addiction Medicine program. There are 6 treatment teams consisting of a pharmacy specialist, psychiatrist, and social worker. These teams meet daily with the Veterans and are supplemented by nursing staff, psychiatric residents, and medical students. Admissions are assigned on a rotational basis. Lengths of stay vary from a few days to several months. Psychology works by consultation. The fellow is responsible for a caseload of 3 - 4 patients. Interventions are time limited and focused. Veterans are referred for issues such as PTSD, depression, grief, coping skills training, anger management, relaxation training and supportive therapy. The fellow is expected to attend treatment team meetings when their Veterans are seen and/or discussed. There is also an opportunity to conduct group therapy and to perform psychological assessments. Timely documentation in the computerized record is expected as is verbal communication with the treatment team. This rotation is required within the Serious Mental Illness emphasis area, and an option for general track fellows.

Faculty: Lisa Lorenzen, Ph.D.

Primary Care Mental Health Integration Clinic (PCMHI)

The Fellow on this rotation functions as a psychologist within the primary care setting. The central focus of this rotation is to obtain experience as a functioning member of an interdisciplinary PC-MHI team, including two psychologists, two licensed clinical social workers, a psychiatric nurse practitioner and an RN care manager. The Fellow and staff psychologists are jointly involved in all aspects of the rotation. The PC-MHI Fellow consults with the Patient Aligned Care Teams that includes a physician, a registered nurse, a licensed practice nurse, and a medical support assistant. The PC-MHI Fellow often collaborates with other consultants within primary care in addition to the PACT team to include pharmacy and other medical specialties. A goal of this rotation is to establish skills in brief assessment, learn to conduct a brief diagnostic interview, deliver targeted brief psychological interventions, assess Veterans' current level of functioning and the possible impact of co-morbid psychological disorders on their physical and emotional health. The Fellow will develop skills regarding clear, concise verbal and/or written communication to medical providers and staff regarding patient care. The Fellow will work with Veterans diagnosed with a range of co-morbid psychological and physical illnesses, and address varying clinical presentations, including, sleep disturbances, weight concerns, chronic pain, and management of chronic illnesses. This rotation is an option for the Health Psychology emphasis area or the general track.

Faculty: Brandon Baker, Ph.D., & Lisa Lively-Brindley, Ph.D.

Veterans Recovery Center

The Veterans Recovery Center (VRC) is an outpatient psychosocial rehabilitation program that provides care to veterans with severe mental illnesses including schizophrenia, schizoaffective disorder, bipolar disorder, major depression, and chronic PTSD. The recovery-oriented mission of the VRC seeks to facilitate community

integration in meaningful roles (e.g., work, education, volunteering). The VRC is part of a network of 55 such centers known nationally as Psychosocial Rehabilitation and Recovery Centers (PRRCs). This experience proffers skill development in conducting diagnostic interviews, making appropriate treatment recommendations, conducting individual and group therapy, developing treatment plans, and collaboration with our interprofessional treatment team. The VRC team includes a psychologist, social worker, vocational counselor, registered nurse, recreation therapist, recreation therapist assistant, occupational therapist, and peer support specialist. The clinic predominantly uses a Cognitive Behavioral Therapy (CBT) within holistic attention to biological, psychological, social and spiritual factors. Adjunctive modalities include motivational interviewing, integrated dual disorders treatment, mindfulness, and equine therapy in collaboration with MTSU. There may be some opportunities for couples and family therapy. This rotation is an option within the Serious Mental Illness emphasis area and for the general track.

Faculty: Patrick Michaels, Ph.D.

Health Promotion Disease Prevention (HPDP)

Preventive care programming aims at reducing the burden of chronic disease by targeting the main behavioral factors contributing to preventable disease (e.g., physical inactivity, poor diet, tobacco use, chronic stress) and promoting Veteran empowerment through self-management behaviors. Key interventions to reduce health risks include system-level, provider-level, and patient-level strategies to assist Veterans in changing unhealthy behaviors and adopting healthier ones. On this rotation, clinical interactions reflect a partnership that encourages Veteran activation and engagement in health behavior change, and promotes Veteran wellness, self-care, and confidence re: self-management of chronic conditions. Clinical intervention emphasis is on Veteran-centered communication skills (e.g., health education, health coaching, evidence-based health behavior change counseling, Motivational Interviewing, shared decision making, collaborative SMART goal setting and problem solving, and self-management support skills), with main clinical focus areas in specialized prevention programs such as Tobacco Cessation and MOVE! Weight Management, including pre-screening visits with Veterans pursuing bariatric surgery. This rotation includes opportunities to conduct individual and group sessions via various technological modalities. HPDP services are interdisciplinary in nature, with common collaborators on this rotation that include Preventive Medicine physicians and residents, Pharmacists, Dieticians, and Nurses. There also may be nonclinical opportunities for involvement in clinician communication skills coaching as well as medical center wide promotional activities (e.g., Wellness Fairs, Great American Smoke-Out) aimed at facilitating a shift towards the delivery of more proactive health care. This rotation is an option for the Health Psychology emphasis area or the general track.

Faculty: Jennifer Devan, Ph.D.

DIDACTICS

The required didactic components of the fellowship are listed below:

1. Clinical supervision with the primary postdoctoral fellowship and other rotation supervisors throughout the year. At least two hours of individual, face-to-face supervision per week. Virtual supervision may take the place of face-to-face supervision in some circumstances, as approved by the Office of Academic Affiliation.
2. Lectures to be provided by supervisors, invited speakers (including those from other professions and the community), and trainees, through monthly Psychology Grand Rounds and weekly Interprofessional Didactics with Psychiatry and Pharmacy residents.
3. Case presentations/discussions with a focus on improving clinical care and ethics.
4. Monthly Diversity Didactic with psychology postdoctoral fellows at VAs throughout the country, with a focus on diving more deeply into issues related to culture and diversity.
5. Supervision of supervision, where higher level trainees provide supervision to lower level trainees

6. Trainees will be encouraged to present at least one national level conference during their training year.
7. As TVHS trains professionals from a variety of programs, many educational programs/seminars are provided throughout the year. Trainees are encouraged to participate in these training experiences.

RESEARCH/PROGRAMEVALUATION


The fellows will be required to work on a research/QI project throughout their fellowship year. More information on this project will be provided during orientation, with selection of a topic early during the training year. Depending on the topic chosen, fellows may have the opportunity to work with the Pharmacy and/or Psychiatry interprofessional trainee(s). Fellows are encouraged to present this research at a professional meeting during their training year.

FACILITY AND TRAINING RESOURCES




Many resources are available to postdoctoral fellows at the Alvin C. York VAMC. The fellow will be provided with an individual office equipped with a networked personal computer. The PCs provide easy access to patients' computerized medical records, e-mail, the internet, and statistical software for research/QI projects. The fellow will also have access to printing and copying resources. Now, TVHS employs over 50 full-time Licensed Psychologists. Psychology has multiple support staff, including a program support assistant dedicated to training. Business office scheduling clerks assist with scheduling of appointments. Library access is available to fellows through the Medical Center's professional library which includes an extensive on-line catalog, and the ability to utilize interlibrary loan services. Multiple group rooms are available, and all are equipped with A/V equipment. Telemental health equipment is readily available for fellows to use with veterans.

TRAINING FACULTY

LICENSED PSYCHOLOGISTS

<p>Brandon Baker, Ph.D. University of North Texas/University of North Texas Health Science Center Consortium, 2013 Internship site: TVHS Postdoctoral fellowship site: Salem VAMC, Integrative Medicine Primary interests: Integrative Medicine Practice and Interdisciplinary Education</p>	
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<p>Daniel Broderick, Ph.D. Ball State University, 1996 Internship: West Haven VA Medical Center Postdoctoral Fellowship: Ball Memorial Hospital Primary interests: the change/transformation process, mind-body connections/brain and behavior, lifestyle and mental health, the interface of spirituality and psychology, whole health, health psychology, biofeedback, mindfulness-based stress reduction, cognitive behavior therapy for chronic pain, cognitive behavior therapy for insomnia, acceptance and commitment therapy</p>	
<p>Melissa Broome, Ph.D. University of Missouri-St. Louis, 2009 Internship: Missouri Health Sciences Center Postdoctoral Fellowship: W. G. "Bill" Hefner VAMC Primary interests: Trauma, substance use disorders, dual diagnosis, clinical training, intra-professional collaboration, health/rehabilitation psychology</p>	
<p>Maria Cottingham, Ph.D., ABPP-CN Director of Training Fuller Graduate School of Psychology, 2008 Internship: Yale University School of Medicine Postdoctoral Fellowship: Harbor-UCLA Medical Center Primary interests: Neuropsychology, performance validity/malingering, somatization, ethnocultural differences in neuropsychological testing, sources of bias/error in neuropsychological testing, severe mental illness</p>	

<p><i>F. Nicholas Denton, Ph.D.</i> University of Kentucky, Counseling Psychology, 2014 Internship: Southeast Louisiana Veterans Health Care System, New Orleans (Emphasis: Behavioral Medicine) Postdoctoral Fellowship: Michael E. DeBakey VA Medical Center, Houston, TX (Emphasis: LGBT Interprofessional Health Care) Primary interests: LGBT health care, Personality testing, Cognitive behavioral therapy, Severe mental illness</p>	
<p><i>Jennifer Devan, Ph.D.</i> Pacific Graduate School of Psychology, 2004 Internship: Vanderbilt/VA Consortium Postdoctoral Fellowship: Vanderbilt – Child and Adolescent Psychiatry Primary interests: health-related behavior change, motivational interviewing, whole health, acceptance and commitment therapy</p>	
<p><i>Charles K. Hees, Ph.D.</i> Southern Illinois University-Carbondale, 2010 Internship: Southern Illinois University Counseling Center Primary interests: positive psychology, life/career coaching, group counseling, community and stewardship, positive organizational psychology</p>	

<p>Natalie Heidelberg, Ph.D., ABPP Assistant Chief of Psychology Auburn University, Clinical Psychology 2011 Internship: Vanderbilt-VA Psychology Internship Consortium Postdoctoral Fellowship: North Texas VAMC Primary interests: Geropsychology, Interprofessional Care, Health Psychology</p>	
<p>Eun Ha Kim, Ph.D., ABPP Assistant Director of Training University of Mississippi, 2013 Internship: Medical College of Georgia and Charlie Norwood VAMC Consortium Postdoctoral Fellowship: TN Valley Healthcare System, Alvin C. York VA Primary interests: Cognitive behavior therapy, evidence-based treatment, health psychology, interprofessional healthcare, psychological treatment for pain management, psychology training</p>	
<p>Lisa Lively-Brindley, Ph.D. Auburn University, Counseling Psychology, 2012 Internship: Colorado State University Health Network Postdoctoral Fellowship: Colorado State University Health Network Primary Interests: PCMH, GLBTQI issues, Women's issues, Anxiety, Science Fiction, Reading, Animals, Naps (and not necessarily in that order)</p>	

<p><i>Lisa Lorenzen, Ph.D.</i> Tennessee State University, 2009 Internship: University of Missouri-Columbia's Counseling Center Postdoctoral Fellowship: Vanderbilt University's Psychological and Counseling Center Primary interests: Acute Inpatient, Clinical Supervision</p>	
<p><i>Elizabeth Maloney, Ph.D., ABPP</i> Florida State University, 2014 Internship: VA Gulf Coast Veterans Health Care System Postdoctoral Fellowship: G.V. (Sonny) Montgomery VAMC Primary interests: Geropsychology, Geriatric Depression, Interpersonal Psychotherapy for Depression</p>	
<p><i>Patrick Michaels, Ph.D.</i> Illinois Institute of Technology, 2015 Internship: Louis Stokes Cleveland Department of Veterans Affairs Medical Center Postdoctoral Fellowship: Louis Stokes Cleveland Department of Veterans Affairs Medical Center Primary interests: Recovery-oriented care provision, Management of co-occurring disorders, Mindfulness, Chronic pain, and Community integration</p>	

<p>Jennifer Moore, Ph.D. Assistant Director of Training Auburn University, 2012 Internship: University of Memphis Counseling Center Primary interests: Diversity/multicultural encounters, grief, identity formation, attachment styles</p>	
<p>Erica White, Ph.D., ABPP Chief of Psychology University of Michigan- Ann Arbor, 1999 Internship: University of Michigan- Ann Arbor Postdoctoral Fellowship: Emory University Primary interests: Cultural diversity in psychotherapy and supervision, Interpersonal psychotherapy</p>	
<p>Angela White-Rahmon, Ph.D. The Pennsylvania State University, 2002 Internship: The Pennsylvania State University Primary interests: Holistic wellness, identity development, multicultural issues, trauma and resilience, group work</p>	
<p>Teresa Young, Ph.D. Tennessee State University, 2016 Internship: Vanderbilt-VA TVHS Internship Consortium Postdoctoral Fellowship: TN Valley Healthcare System Primary interests: aging, adjustment to disability/chronic illness, caregiver support, suicide prevention</p>	

OTHER/ADJUNCT TRAINING FACULTY

Jennifer Bean, Pharm.D., BCPS, BCPP Clinical Pharmacy Specialist
Jenny Brabson, PharmD, BCPP Clinical Pharmacy Specialist
Hal Schofield, M.D. Psychiatrist

PAST FELLOWS

Erin Carney – Tennessee State University

Alexandra Teller – University of Southern Mississippi

Clara Thompson – Carlos Albizu University

Kelsee Tucker – University of Houston

Melissa Gowen – Seattle Pacific University

Dorsey Howard – PGSP - Stanford

Blair Prescott – Alliant International University

Holly Gilliam – University of Denver Graduate School
of Professional Psychology

Willie McBride – Virginia Consortium Program in
Clinical Psychology

Sabrina Dowd-Abele- The School of Professional
Psychology at Forrest Institute

Ashley Barroquillo- Xavier University

Eun Ha Kim- University of Mississippi

Elizabeth Thomas – University of Tennessee

Kellee Boster – Marshall University

Brittany Lee – University of Memphis

Walter T. Rueff – University of Mississippi

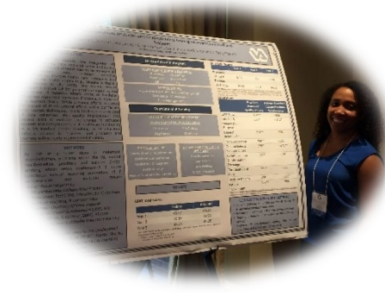
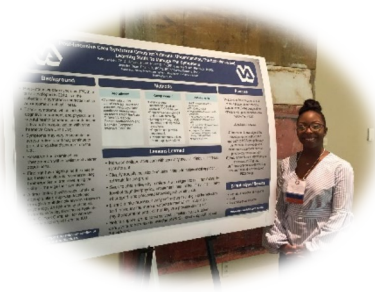
Elizabeth Crowe- University of Texas at Austin

Teresa Young- Tennessee State University

Scott Fernelius- Ball State University

Joseph Minifie- Virginia Consortium Program in
Clinical Psychology

Jordanna Riebel- St. Louis University



LOCAL INFORMATION

Murfreesboro is located approximately 30 minutes southeast of Nashville along I-24. Murfreesboro is a growing community and is home to the largest undergraduate university in Tennessee, Middle Tennessee State University. Murfreesboro is also home to historic sites from the Civil War, including the Stones River National Battlefield. In the past ten years, Murfreesboro has grown and now includes several large shopping centers, two community theatres, multiple cultural events through MTSU, many city parks, college sports, a historic downtown area, and diverse local eateries. Murfreesboro boasts a greenway system that runs throughout the city along the Stones River, offering a picturesque setting for jogging, walking, or biking.



Nashville is the largest city and the economic center of middle Tennessee. The population of Nashville itself is over six hundred and fifty thousand, of the Nashville Metropolitan area, over one million. The economic base is sound and varied, the rate of unemployment low, and the cost of living near the national average. Industries important to the economy of the region include government (Nashville is the state capital), healthcare, insurance, publishing, banking, tourism, and, of course, music. Nashville is rich in talent across a wide range of musical styles; outstanding musicians will be found playing regularly in local venues and Nashville is visited by hundreds of internationally known musicians at large music venues such as the Bridgestone Arena, and Ascend Amphitheatre, Nissan Stadium, and the Ryman Auditorium. Middle Tennessee is home to the Bonnaroo and Pilgrimage Music Festivals. The city is also a major academic and healthcare center, with two medical schools, Vanderbilt and Meharry, an unusual number of excellent hospitals, including Vanderbilt, St. Thomas, and Centennial, the corporate headquarters of HCA Healthcare Systems, and many colleges and universities (Vanderbilt, Belmont, Fisk, Tennessee State, and Lipscomb). This concentration of academics has earned Nashville the title "Athens of the South."

Middle Tennessee also offers a wealth of recreational opportunities. Among the more tourist oriented are the Grand Ole Opry, the Opryland Hotel, Historic Second Avenue, Riverfront Park, the Hermitage (home of President Andrew Jackson), the Belle Meade Mansion, the Parthenon, Cheekwood Botanical Garden, and numerous honky tonks. There are good public radio and TV stations, the Tennessee Performing Arts Center with year-round offerings at each of its three theaters, the Frist Center for the Visual Arts, the Nashville Symphony Orchestra with its magnificent Schermerhorn Symphony Center, the Nashville Opera, the Nashville City Ballet, and the Country Music Hall of Fame. In addition, Vanderbilt brings Southeastern Conference athletic competition to the city. The Tennessee Titans have brought NFL football and the Nashville Predators NHL hockey, including a bid for the Stanley Cup. Nashville is also home to the Nashville Sounds minor league baseball team. Nashville's International Airport terminal is among the most modern in the United States and provides easy access to the area from throughout the country.

The climate offers four distinct seasons with relatively mild winters. Fall brings colorful foliage. Spring with its floral display rivals Fall as the most pleasant and beautiful time of the year. For those with outdoor interests, TVA lakes suitable for recreational use are scattered throughout the region. There are rivers suitable for kayaking or canoeing, with white water to be found to the east on the Cumberland Plateau or in the mountains. There are numerous attractive and interesting state parks, while within Nashville itself there are 6650 acres of city park land. Hiking enthusiasts will enjoy exploring the many city, state, and national parks close by. In addition, the Great Smoky Mountains National Park and other areas in the Southern Appalachians are a three and one half to four-hour drive to the east.

Postdoctoral Residency Admissions, Support, and Initial Placement Data

POST-DOCTORAL RESIDENCY PROGRAM TABLES

Date Program Tables are updated: 9/1/21

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and practicum and academic preparation requirements:

- The TVHS Psychology Postdoctoral Fellowship program received funding through the Interprofessional Mental Health Education initiative. Fellows may follow a Generalist course or may choose one of three emphasis areas: Health Psychology, Serious Mental Illness (SMI), or Geropsychology. Fellows completing training in one of the three emphasis areas will spend approximately 40% of their time in rotations directly related to the emphasis area. In Health Psychology, rotations may include Pain Psychology, Health Promotion/Disease Prevention, and Primary Care-Mental Health Integration. Rotations may include the Veterans Recovery Center and Acute Psychiatric Unit for those choosing an SMI emphasis, and Fellows electing a Geropsychology emphasis may rotate through the Community Living Centers and the Geriatric Evaluation Clinic.
- All fellows will spend at least 30% of their time within the training Behavioral Health Interprofessional Program (tBHIP), an outpatient mental health setting, in which fellows work alongside Psychiatry and Pharmacy residents, conducting clinical interviews, assessment, and psychotherapy. Clinical intakes are shared medical appointments with Psychiatry and Pharmacy, allowing for experiences delivering interprofessional care. Veterans referred include those at risk for polypharmacy, older adults requiring more focused and integrated care, those who have experienced multiple acute psychiatric hospital admissions, and persons with primary diagnoses of dementia, depression, and insomnia. Through the tBHIP experience, fellows will also be afforded explicit training in supervision through tiered supervision with practicum students and/or interns.

Describe any other required minimum criteria used to screen applicants:

- Completion of APA-accredited doctoral program in Clinical or Counseling Psychology (including dissertation defense) prior to the start date of the postdoctoral fellowship program.
- Completion of an APA-accredited Psychology Internship Program.
- United States citizenship.
- A male applicant born after 12/31/1959 must have registered for the draft by the age of 26 to be eligible for any US government employment.
- Training, experiences, and professional interests that reflect a commitment to the clinical application of psychology and the goals of the postdoctoral fellowship program (as determined by review of CV, cover letter, and letters of recommendation).

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$46,334
Annual Stipend/Salary for Half-time Residents	n/a
Program provides access to medical insurance for resident?	Yes
If access to medical insurance is provided	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 hours (13 working days)
Hours of Annual Paid Sick Leave	104 hours (13 working days)
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe)	5 professional days to be used for professional meetings and workshops, licensure activities, job interviews, etc.

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Residency Positions

(Provide An Aggregated Tally for the Preceding 3 cohorts)

	2017-2020	
Total # of residents who were in the 3 cohorts	9	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Community mental health center	n/a	n/a
Federally qualified health center	n/a	n/a
Independent primary care facility/clinic	n/a	n/a
University counseling center	n/a	n/a
Veterans Affairs medical center	n/a	7
Military health center	n/a	n/a
Academic health center	1	n/a
Other medical center or hospital	n/a	1
Psychiatric hospital	n/a	n/a
Academic university/department	n/a	n/a
Community college or other teaching setting	n/a	n/a
Independent research institution	n/a	n/a
Correctional facility	n/a	n/a
School district/system	n/a	n/a
Independent practice setting	n/a	n/a
Not currently employed	n/a	n/a
Changed to another field	n/a	n/a
Other	n/a	n/a
Unknown	n/a	n/a

Note. "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.